

INTELLECTUAL PROPERTY LAW
KIMBEE, MARTENS, OLSON & ELLER
A LIMITED LIABILITY PARTNERSHIP INCLUDING
PROFESSIONAL CORPORATIONS

PATENT, TRADEMARK AND COPYRIGHT CAUSES

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Washington, D.C. 20231

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Attorney Docket No. : MICRON.003C1
Applicant(s) : Fazan et al.
For : STREAMLINED FIELD ISOLATION
PROCESS
Attorney : James B. Bear
"Express Mail"
Mailing Label No. : EM4240211774US
Date of Deposit : March 10, 1998

I hereby certify that the accompanying

Transmittal in Duplicate; Specification in 9 pages; 4 sheets of drawings;
Declaration by inventors in 2 pages **COPY FROM PARENT CASE**; Power of
Attorney form and copy of assignment **COPIES FROM PARENT CASE**;
Check(s) for Filing Fee(s); Return Prepaid Postcard

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Assistant Commissioner for Patents, Washington, D.C. 20231.


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1c5928U.S. PTO
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ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

ATTENTION: APPLICATION BRANCH

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Pierre C. Fazan, Viju K. Matthews and Nanseng Jeng

For: STREAMLINED FIELD ISOLATION PROCESS

Enclosed are:

- (X) 4 sheet(s) of drawings.
- (X) This application is a continuation of prior application 08/519,451, filed August 25, 1995.
- (X) A copy of Declaration from the prior application is enclosed.
- (X) A copy of power of attorney form and copy of assignment from the prior application is enclosed.
- () Deletion of Inventors: Signed statement attached requesting deletion of person(s) not inventor(s) in the present application.
- (X) Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- (X) Return prepaid postcard.

CLAIMS AS FILED

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee			\$790	\$790
Total Claims	10 - 20 =	0 x	\$22	\$0.00
Independent Claims	3 - 3 =	0 x	\$82	\$0.00
If application contains any multiple dependent claims(s), then add			\$270	\$0.00
TOTAL FILING FEE				\$790

- (X) A check in the amount of \$790 to cover the filing fee is enclosed.

- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 11-1410. A duplicate copy of this sheet is enclosed.
- (X) Please use Customer No. 20,995 for the correspondence address.



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